



Alternative Program Expression of Interest 2022-2023 School Year

Important Notice: Please have someone translate this for you.

Avis Important: Veuillez s'il vous plaît demander à quelqu'un de traduire ce document pour vous.

重要通知：请找人为您翻译这篇文件。

يادداشت مهم: لطفاً شخص را با خود ا شنه باشيد كه اين موضوع را به شما ترجمه نمايد.

Thông báo quan trọng. xin quý vị vui lòng hãy tìm người phiên dịch văn kiện này.

ਜਰੂਰੀ ਸੂਚਨਾ। ਕਿਰਪਾ ਕਰਕੇ

ਇਸਨੂੰ ਆਪਣੇ ਲਈ ਕਿਸੇ ਤੋਂ

ਅਨੁਵਾਦ ਕਰਵਾ ਲਵੋ

اہم نوٹس براہ مہربانی: اگر کوئی آپ کے لئے اس کا ترجمہ کرے

जरूरी सूचना। किरपा करके इसे अपने लिए किसी से अनुवाद करवा लें।

Aviso Importante: Por Favor entregar a alguien para traducirla para usted.

중요한 공지: 다른 사람이 이것을 당신을 위해 번역하게 해 주십시오.

Важно: Пожалуйста, попросите кого-нибудь перевести это для Вас.

ملاحظة هامة: الرجاء ترجمة هذه المعلومات.

Complete this form and email it with a proof of address document to the requested [alternative program](#) school:

- **by noon on February 15, 2022 for schools in lottery; and**
- **until further notice for all other Alternative Programs.**

Visit the [school's website](#) for further information including the school email address for submission of the form.

An Expression of Interest is required for consideration to attend an alternative program in CBE. All Expressions of Interest are based on Priority Lists as stated in [Administrative Regulation 6090 | Child and Student Registration and Admission](#).

- Completing an Expression of Interest **does not** guarantee acceptance into an alternative program.
- Registration will not occur until a family receives an offer of acceptance and an invitation to register.
- Acceptance into a Kindergarten program **does not** guarantee registration in Grade 1.

Child / Student Legal Last Name: _____

Child / Student Legal First Name: _____

Grade Child / Student Will Be Entering: _____

Alternative Program Name: _____

Alternative Program School Name: _____

I acknowledge the following:

- I have read and understood the information regarding this alternative program.
- I understand that if a lottery process is utilized and my child / student's name is NOT drawn, it is my responsibility to register my child / student in the regular designated attendance area school.
- I have read and understood the transportation information and fees.
- I understand that there are additional fees and/or volunteer commitments associated with the alternative program. If I am unable to pay these fees, I will apply for a waiver.
- I understand that I will receive any notifications / outcomes by email.

Parent / Legal Guardian Name(s): _____

Email address for notifications (required): _____

My child has a sibling(s) who will be in the same school, same program, next school year: Yes No

If yes, name of sibling(s): _____

My child / student is a twin (or other multiple): Yes No

If yes, legal name of multiple child: _____

Child / Student Primary Address

This is the address where the child / student ordinarily resides for the school year. The primary address is the only address used for transportation regardless of a child / student's living / parenting arrangements.

Address: _____ Postal Code: _____

Demographics:

Does at least one parent / guardian live within CBE's boundary? Yes No

Are all parent(s) / legal guardian(s) of the Roman Catholic faith? Yes No

Are the parent(s) / legal guardian(s) residents of Alberta? Yes No

Are the parent(s) / legal guardian(s) residents of Canada? Yes No

If not, do you have permanent residence, temporary residence, work or study visa? Yes No

Are the parent(s) / legal guardian(s) in agreement with this Expression of Interest? Yes No

At least one parent / legal guardian is required to sign below.

I consent to the execution of this form by way of electronic signature (typed name in signature field) and agree that any such electronically delivered signature shall be valid and deemed to constitute an original.

Print Parent / Legal Guardian Name **Signature** Parent / Legal Guardian Date (YYYY/MM/DD)

Print Parent / Legal Guardian Name **Signature** Parent / Legal Guardian Date (YYYY/MM/DD)

Authorization for Collection of Personal Information

The personal information requested on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP), the *Education Act*, and its regulations. This information will be used to support the child/student in the program requested. All personal information will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions regarding this collection and/or use of this information, contact your current school for further information and assistance or if new to The Calgary Board of Education, contact School Improvement at 403-817-7600 or schoolimprovement@cbe.ab.ca.

Proof of Address

The proof of address must have the parent / legal guardian / independent student name and current address. Examples of accepted proof of address documents are:

- bank statement
- GST rebate
- home or renter insurance
- income tax statement
- mortgage statement
- property tax assessment
- utility bill